

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/587,913-Conf. #2547</td> </tr> <tr> <td>Filing Date</td> <td>July 31, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Nobuo TAKESHITA</td> </tr> <tr> <td>Examiner Name</td> <td>P. V. Augustin</td> </tr> <tr> <td>Art Unit</td> <td>2627</td> </tr> <tr> <td>Attorney Docket No.</td> <td>1190-0632PUS1</td> </tr> </table>		Application Number	10/587,913-Conf. #2547	Filing Date	July 31, 2006	First Named Inventor	Nobuo TAKESHITA	Examiner Name	P. V. Augustin	Art Unit	2627	Attorney Docket No.	1190-0632PUS1																																										
Application Number	10/587,913-Conf. #2547																																																								
Filing Date	July 31, 2006																																																								
First Named Inventor	Nobuo TAKESHITA																																																								
Examiner Name	P. V. Augustin																																																								
Art Unit	2627																																																								
Attorney Docket No.	1190-0632PUS1																																																								
<p>TOTAL AMOUNT OF PAYMENT (\$) 180.00</p>																																																									
<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments </p>																																																									
<p>FEE CALCULATION</p>																																																									
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>220</td> <td>110</td> <td></td> </tr> <tr> <td>Design</td> <td>220</td> <td>110</td> <td>100</td> <td>50</td> <td>140</td> <td>70</td> <td></td> </tr> <tr> <td>Plant</td> <td>220</td> <td>110</td> <td>330</td> <td>165</td> <td>170</td> <td>85</td> <td></td> </tr> <tr> <td>Reissue</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>650</td> <td>325</td> <td></td> </tr> <tr> <td>Provisional</td> <td>220</td> <td>110</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Utility	330	165	540	270	220	110		Design	220	110	100	50	140	70		Plant	220	110	330	165	170	85		Reissue	330	165	540	270	650	325		Provisional	220	110	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity																																																			
Utility	330	165	540	270	220	110																																																			
Design	220	110	100	50	140	70																																																			
Plant	220	110	330	165	170	85																																																			
Reissue	330	165	540	270	650	325																																																			
Provisional	220	110	0	0	0	0																																																			
<p>2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>52</td> <td>26</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>220</td> <td>110</td> </tr> <tr> <td>Multiple dependent claims</td> <td>390</td> <td>195</td> </tr> </tbody> </table> <p> Total Claims 20 - 20 or HP = _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ </p> <p>HP = highest number of total claims paid for, if greater than 20.</p> <p> Indep. Claims 7 - 7 or HP = _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ </p> <p>HP = highest number of independent claims paid for, if greater than 3.</p>				Fee Description	Fee (\$)	Small Entity	Each claim over 20 (including Reissues)	52	26	Each independent claim over 3 (including Reissues)	220	110	Multiple dependent claims	390	195																																										
Fee Description	Fee (\$)	Small Entity																																																							
Each claim over 20 (including Reissues)	52	26																																																							
Each independent claim over 3 (including Reissues)	220	110																																																							
Multiple dependent claims	390	195																																																							
<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 = _____ (round up to a whole number) x _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	_____	_____																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																					
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	_____	_____																																																					
<p>4. OTHER FEE(S)</p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00</p>																																																									
<p>SUBMITTED BY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature</td> <td><i>Penny Caudle #46,607</i></td> <td>Registration No. (Attorney/Agent)</td> <td>48,917</td> <td>Telephone</td> <td>(703) 205-8000</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Shad J. Gillings</td> <td>Date</td> <td colspan="3">March 13, 2009</td> </tr> </table>				Signature	<i>Penny Caudle #46,607</i>	Registration No. (Attorney/Agent)	48,917	Telephone	(703) 205-8000	Name (Print/Type)	Shad J. Gillings	Date	March 13, 2009																																												
Signature	<i>Penny Caudle #46,607</i>	Registration No. (Attorney/Agent)	48,917	Telephone	(703) 205-8000																																																				
Name (Print/Type)	Shad J. Gillings	Date	March 13, 2009																																																						